Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

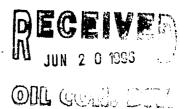
Form C-103 Revised 1-1-89

District Office

DISTRICT I P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION

DISTRICT II	P.O. Box 208		30-045-29362	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87304-2088	5. Indicate Type of Lease	
DISTRICT III			STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES	AND REPORTS ON WELL	<u> </u>		\overline{m}
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO				44
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL WELL X	OTHER		San Juan 32-7 Unit)
2. Name of Operator		8. Well No.	┫	
Phillips Petroleum Company			San Juan 32-7 Unit #36A	
3. Address of Operator 5525 Highway 64, NBU 3004,	Farmington, NM 874	lo1	9. Pool name or Wildcat Blanco Mesaverde 72319	
4. Well Location				٦
Unit Letter K: 1859' Fe	eet From The South	Line and 18	17' Feet From The West Line	а
Section 8 To	ownship 32N Ran	nge 7W	NMPM San Juan County	,
10. Elevation (Show whether DF, RKB, RT, GR, etc			c.)	7
	<u>////</u>	6250' KB		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTE	NTION TO:	SUI	SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: Squeeze	casing leak, perf & stimulate	X
12. Describe Proposed or Completed Operations	(Clearly state all pertinent deta	ils, and give pertinent da	tes, including estimated date of starting any proposed	—— d

See attached for the procedure used to isolate and squeeze a casing leak found @-1 iner top. Also find the perf intervals and stimulation procedure.



DUST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Fnvir./Regulatory Engineer DATE 6-10-96 TYPE OR PRINT NAME Ed_Hasely TELEPHONE NO.505 - 599 - 3454

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY